United Nations CRPD/C/SR.361

Convention on the Rights of Persons with Disabilities

Distr.: General
21 February 2018

Original: English

Committee on the Rights of Persons with Disabilities
Nineteenth session

Summary record of the 361st meeting
Held at the Palais des Nations, Geneva, on Wednesday, 14 February 2018, at 3 p.m.

Chair: Ms. Degener

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The meeting was called to order at 3 p.m.

Opening of the session

1. **The Chair** declared open the nineteenth session of the Committee on the Rights of Persons with Disabilities.

Opening statement by the representative of the United Nations High Commissioner for Human Rights

2. **Mr. Abdemoula** (Director, Human Rights Council and Treaty Mechanisms Division, Office of the United Nations High Commissioner for Human Rights (OHCHR)), welcoming participants on behalf of the Secretary-General and the High Commissioner, said that in the ten years since the entry into force of the Convention, its transformative impact had been seen in a number of areas. For example, many States had started harmonizing their domestic legislation and policies with the Convention; had included disability in their anti-discrimination protection frameworks; and had adopted plans of action to promote accessibility. The rights of persons with disabilities had also been mainstreamed in the United Nations system. Under the 2030 Agenda for Sustainable Development, States had recognized that development should be inclusive and accessible for all, including persons with disabilities.

3. Since its establishment in 2009, the Committee had provided outstanding support to States parties in their endeavours to implement the Convention. It had reviewed 60 State party reports, adopted 5 general comments, rendered decisions in respect of almost 20 individual complaints and undertaken 2 inquiries regarding alleged grave or systematic human rights violations. Civil society, particularly persons with disabilities and their representative organizations, had made a significant contribution to the Committee's work.

4. Despite the many positive developments, there was broad consensus that much more needed to be accomplished to close persistent implementation gaps and to tackle poverty; the lack of recognition of the legal capacity of persons with disabilities; the continued institutionalization of persons with disabilities; the lack of participation of persons with disabilities in decision-making processes that affected them; and discrimination and social and economic exclusion of persons with disabilities.

5. The rights of persons with disabilities were a cross-cutting issue in the OHCHR organizational management plan for 2018–2021. OHCHR promoted the use of the Washington Group Short Set of Questions on Disability to provide disaggregated information on persons with disabilities, as well as the Committee's guidance and recommendations to identify structural, process and outcome indicators at country level. It was also working on the development of human rights indicators under the Convention.

6. At its seventy-second session, the General Assembly had taken a number of financial decisions that had serious implications for OHCHR and the treaty bodies. The Committee had thus been allocated one additional meeting week for its September 2018 session. OHCHR remained committed to providing the treaty bodies with the highest quality of support. Since 2009, the increase in meeting time had not been matched with equitable staff resources, and the Committee had only three professional grade staff members assigned to it.

7. In December 2017, the General Assembly had adopted resolution 72/162 on the implementation of the Convention and the situation of women and girls with disabilities, which addressed issues infringing on their full enjoyment of their human rights, such as violence, multiple and intersecting forms of discrimination, the violation of their sexual and reproductive rights, and exclusion from participation in public and political life. It also requested the Secretary-General to submit to the General Assembly's seventy-fourth session a report on the rights of persons with disabilities, with a focus on accessibility.

8. In September 2017, the Human Rights Council had adopted resolution 36/13 on mental health and human rights, calling upon States to fully integrate a human rights perspective into mental health; to abandon practices that had led to power imbalances, stigma and discrimination in mental health settings; to develop community-based and people-centred mental health services; and to ensure the participation of persons with

mental health conditions or psychosocial disabilities and their representative organizations in the design, implementation and monitoring of mental health policies and programmes. The Council had requested the High Commissioner to organize a consultation in 2018 to discuss all relevant issues and challenges pertaining to the fulfilment of a human rights perspective in mental health, the exchange of best practices and the implementation of technical guidance in that regard.

9. In her report to the General Assembly, the Special Rapporteur on adequate housing had highlighted the extreme conditions of inadequate housing, institutionalization and homelessness experienced by persons with disabilities around the world and called upon States to prioritize the incorporation of a disability human rights paradigm into the right to adequate housing. She had made reference to the Committee's views in the case of *H.M. v. Sweden* and its inquiry report on the United Kingdom of Great Britain and Northern Ireland.

10. The overarching theme of the eleventh Conference of States Parties to the Convention, to be held in New York in June 2018, would be "Leaving no one behind through the full implementation of the Convention". Panel discussions would be held on public-private partnerships and international cooperation for strengthening the implementation of the Convention; women and girls with disabilities; and political participation and equal recognition before the law. The promotion of high-quality disability statistics and the disaggregation of data by disability status would be a cross-cutting theme.

11. In closing, he wished the Committee a most successful session.

12. **The Chair** asked whether the necessary resources for accessibility had been secured for the additional meeting week in September 2018 and whether the Committee would be allocated a third session in 2019.

13. **Mr. Abdemoula** (Director, Human Rights Council and Treaty Mechanisms Division, Office of the United Nations High Commissioner for Human Rights (OHCHR)) said that it was too early to confirm the programme for 2019 and that OHCHR was still in discussions with the United Nations Office at Geneva to clarify the resources to be made available to facilitate accessibility in 2018.

Report of the Chair on activities undertaken between the eighteenth and nineteenth sessions of the Committee

14. **The Chair** said that, in October 2017, she had participated in a conference on changing the picture of international justice organized by GQUAL, a global campaign for gender parity in international representation. She had also reported to the Third Committee of the General Assembly at its seventy-second session, during which State representatives had expressed their appreciation for the Committee's general comment No. 5 on living independently and being included in the community. The General Assembly had adopted a resolution designating 23 September as the International Day of Sign Languages. She had participated in an expert meeting hosted by the Special Rapporteur on the rights of persons with disabilities and the Independent Expert on the enjoyment of all human rights by older persons to discuss the intersectionality between disability and ageing in the exercise of autonomy and independence.

15. Mr. Tatić and Mr. Basharu had represented the Committee at a conference in October 2017 on follow-up to treaty body recommendations, and she had participated in an event on promoting the quality, independence and diversity of treaty body membership in November. She and other Committee members had attended further conferences and events related to the Convention during the intersessional period.

16. The Committee's efforts to convince the United Nations Office at Geneva to use plain English had been successful, and a first set of the Committee's core documents was in translation. The Human Rights Council's resolution on mental health and human rights was a major step forward; while it did not include a clear prohibition of forced treatment and confinement in line with the Committee's jurisprudence, the fact that it called for community-based, people-centred services and human rights-based supports marked a move away from the medical model of disability. The Committee also welcomed the launch of the World Health Organization's QualityRights initiative, aimed at improving the quality

and human rights conditions in inpatient and outpatient mental health and social care facilities and empowering organizations to advocate for the rights of persons with mental and psychosocial disabilities.

17. The Committee had established a strong network with the Special Rapporteur on the rights of persons with disabilities, the Independent Expert on the enjoyment of human rights by persons with albinism, and the Special Envoy on Disability and Accessibility. It welcomed the Special Rapporteur's report on equal recognition before the law and the Independent Expert's report on the right to health of persons with albinism, which made extensive reference to the Committee's jurisprudence and provided useful normative guidance for its future recommendations to States parties. It also welcomed the report of the Secretary-General on the situation of women and girls with disabilities and the status of the Convention presented at the seventy-second session of the General Assembly.

18. In preparation for the upcoming elections, she had written a formal letter to the Bureau of the Conference of States Parties, attaching the Committee's statement on gender and regional balance adopted in April 2017. In September 2017, in collaboration with the Special Rapporteur on the rights of persons with disabilities, she had sent a letter to the Council of Europe concerning the draft Additional Protocol to the Convention on Human Rights and Biomedicine (the Oviedo Convention) on the use of involuntary placement and treatment of persons with psychosocial disabilities, which was incompatible with the Convention on the Rights of Persons with Disabilities and the latest developments in the field. The Council's Director General of Human Rights and Rule of Law had responded in December 2017, expressing the Council's position.

19. The Working Group on article 5 of the Convention on the Rights of Persons with Disabilities had prepared a second draft general comment based on the day of general discussion held at the eighteenth session and the more than 70 submissions received. Members of the Bureau had also finalized a draft statement on the promotion of inclusive urban development. Members of the Committee would meet with the Committee on the Elimination of Discrimination against Women during the session to discuss the committees' jurisprudence on abortion. An assessment of time management during dialogues with States parties prepared by the secretariat would also be discussed.

Adoption of the agenda (CRPD/C/19/1)

Organizational matters

20. **The Chair** drew attention to the provisional agenda and the tentative programme of work, which were contained in document CRPD/C/19/1 and the annex thereto.

21. *The agenda and the programme of work were adopted.*

Submission of reports by parties to the Convention under article 35

22. **Mr. Araya** (Secretary of the Committee) said that three initial reports had been submitted since the Committee's previous session, by the Governments of Bahrain, Palau and Serbia, which brought the total received to 110, with 50 pending consideration. At its current rate of work and with the existing resources, the backlog would take three years to clear. Following the ratification of the Convention just the day before by Libya, the number of States parties stood at 176.

Cooperation with other United Nations bodies, specialized agencies, organizations of persons with disabilities and other competent bodies

23. **Ms. Marchand** (Committee on Victim Assistance of the Anti-Personnel Mine Ban Convention) said that her Committee worked with the 29 States parties to the Ottawa Convention that had recognized responsibility for a high number of mine survivors with the aim of strengthening victim assistance. The Committee was mandated to implement the Convention's Maputo Action Plan, which focused on encouraging and supporting States to report on progress and challenges in the assessment of the needs of mine victims in such areas as the development of time-bound and measurable objectives; enhancements to the plans, policies and legal frameworks needed to meet the needs of mine victims; the

strengthening of local capacity; guaranteeing the full and active participation of mine victims and their representative organizations in all matters that affected them; and raising awareness of the imperative to address the needs and guarantee the rights of landmine victims. Efforts in the area of victim assistance were non-discriminatory and undertaken in such a way as not to exclude any injured or disabled person. The Committee's priorities included strengthening coordination with other disarmament treaties, paying increased attention to the Sustainable Development Goals and gender, and enhancing cooperation with relevant partners, including the Committee.

24. **Ms. Lee** (Office of the United Nations High Commissioner for Human Rights (OHCHR)) said that the annual panel discussion on the rights of persons with disabilities, to be held in the Human Rights Council on 7 March 2018, would focus on the theme of access to justice. Pursuant to Council resolution 31/6 on the rights of persons with disabilities in situations of risk and humanitarian emergencies, OHCHR prepared the annual thematic study on the right of access to justice, as enshrined in article 13 of the Convention. The innovative approach adopted in the Convention not only required the removal of barriers to equal access to legal proceedings and effective remedies for persons with disabilities, but also promoted the right of persons with disabilities to contribute to and participate in all aspects of the administration of justice as a component of active citizenship. The Chair of the Committee, the Special Rapporteur on the rights of persons with disabilities, the Special Envoy on Disability and Accessibility, and representatives of the disability movement would take part in the panel discussion.

25. She commended the African Union on its recent adoption of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa. The instrument, which had been developed through a participatory and consultative process, upheld the letter and spirit of the Convention. OHCHR encouraged African States to ratify the Protocol. They should be guided, in particular, by articles 8 and 25 of the Protocol, which upheld the rights of older persons to exercise legal capacity in accordance with the Convention. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa regrettably failed to adopt a human rights-based approach to their legal capacity.

26. At its ninth session in July 2018, the Open-ended Working Group on Ageing would address the themes of autonomy and independence, and long-term and palliative care, two issues that required the recognition and exercise of legal capacity and supported decision-making. OHCHR encouraged the Committee to participate in the process of developing a robust instrument to protect and promote the rights of older persons. For example, it could consider submitting a document highlighting the relevance of Convention standards to the themes. The OHCHR Regional Office for Europe and AGE Platform Europe would be convening an expert discussion in April 2018 in Brussels to prepare for the Working Group's ninth session. OHCHR encouraged the Committee to participate in the discussion.

27. OHCHR also encouraged the Committee to continue engaging with the Council of Europe on the issue of the draft Additional Protocol to the Convention on Human Rights and Biomedicine, which, as noted by the Chair, was incompatible with the Convention on the Rights of Persons with Disabilities. Portugal had officially opposed the draft Additional Protocol in early 2018. The Committee should urge other States parties to follow its example.

28. Human Rights Council resolution 36/13 adopted in September 2017, which had been co-sponsored by 59 States, called for the full integration of a human rights perspective into mental health and community services. OHCHR was organizing a discussion on 14 and 15 May 2018 that would bring together governments, human rights experts, and representatives of the user and survivor movement with the aim of identifying strategies to promote human rights in mental health and to eliminate discrimination, stigma, violence, coercion and abuse. OHCHR encouraged the Committee to participate in the discussion.

29. OHCHR continued to implement the Bridging the Gap project in partnership with the European Union with a view to developing tools, in line with the Convention, to facilitate the achievement of the Sustainable Development Goals. It would shortly consult the Committee on the first draft set of human rights indicators based on the Convention.

30. Given the crucial importance of systematic data disaggregation, OHCHR encouraged the Committee to call on States parties to incorporate the Washington Group Short Set of Questions on Disability in their population and housing censuses, in accordance with article 31 of the Convention and Sustainable Development Goal No. 17.

31. OHCHR urged States parties to consider innovative measures for nominating candidates for election to the Committee in order to restore gender balance. It also encouraged the Committee to engage actively with States parties to uphold the principles of gender and regional balance.

32. **Ms. Lois** (Plan International) said that her organization actively supported children's rights and equality for girls in more than 70 countries. Girls continued to be the world's largest excluded group. They faced discrimination and abuse simply for being young and female.

33. A recently published in-depth study by Plan International entitled "Girls' Rights are Human Rights" analysed references to girls and their rights in more than 1,300 international policy documents. Treaties that should be the cornerstone of girls' rights, such as the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, lacked a specific focus on girls and their needs.

34. Girls and young women with disabilities were least likely to enjoy their rights, including sexual and reproductive health rights. Their right to autonomy over their bodies was frequently viewed as controversial. Furthermore, Plan International's report had found that reservations to key human rights treaties related primarily to sexual and reproductive health rights. States had largely failed in their duty to respect, protect and fulfil such rights, and families and communities continued to be bound by stigma and taboos.

35. Plan International and the Special Rapporteur on the rights of persons with disabilities had therefore joined forces to ensure that girls and young women with disabilities could exercise choice and have control over their bodies. The "Let Me Decide and Thrive" initiative aimed to empower girls and young women with disabilities, to raise awareness of their plight among stakeholders, and to highlight practices and strategies that could secure their sexual and reproductive health and rights.

36. Plan International's research had found that the barriers faced by girls and young women with disabilities included: infantilization and disempowerment; forced sterilization, abortion and contraception; disproportionate suffering from all forms of violence; substantial barriers in accessing justice; discriminatory attitudes; and a lack of accessible and appropriate information and services. They were also widely perceived as mere recipients of care, and deeply held prejudice about their capacity to contribute meaningfully to society further undermined the realization of their rights. Girls and young women with disabilities faced systematic violation of their sexual and reproductive health and rights through action supposedly designed to protect them from harm. They often failed to report incidents of abuse owing to fear of retribution, loss of support and doubts about their credibility.

37. International mobilization was crucial to remedy the situation. Human rights-based models should be developed to ensure that girls and young women with disabilities were able to make informed choices, free from coercion, violence, discrimination and abuse. Collaboration with other stakeholders and with the girls and young women themselves was essential, and the human rights treaty bodies had a critical role to play in that regard. Plan International urged the Committee to continue highlighting the specific obstacles faced by girls when formulating its general comments. It should also acknowledge that girls with disabilities faced different challenges from those faced by women with disabilities. The Committee should use gender-specific language rather than gender-neutral language in cases in which girls were disproportionately affected compared to boys.

38. States parties to the Convention should be urged to withdraw reservations, especially those with a negative effect on the rights of girls with disabilities.

39. Plan International hoped that the composition of the Committee would become more gender-balanced.

40. **Ms. Wischnewski** (United Nations Children's Fund (UNICEF)) said that the UNICEF Strategic Plan 2018–2021 included a result area on children with disabilities for the first time. More than 25 indicators and disaggregated data would enable progress on disability in areas such as education, health, water, sanitation and hygiene to be monitored. Financial tracking codes had been established to measure expenditure on inclusive activities and to track targeted activities for children with disabilities.

41. As accessibility was a precondition for children and adults with disabilities to participate fully in society, UNICEF had issued an Executive Directive on Accessibility of Programme-Related Construction Activities in December 2017, which required all construction programmes in which it was involved to ensure accessibility for children and adults with disabilities. The Construction Unit based in the UNICEF Supply Division had been provided with technical resources to support the implementation of the Directive by Country Offices.

42. UNICEF had established an innovative financing mechanism to provide resources for improving the accessibility of premises through the Greening and Accessibility Fund. During the past two years, the Fund had been used by 21 countries to improve the accessibility of their premises. In January 2018, UNICEF had issued a Standard Operating Procedure on Eco-efficiency and Inclusiveness for its offices.

43. The first assistive technology product guide would be made available to UNICEF offices in March 2018. The Supply Division was also field-testing an accessible latrine slab for use in emergency settings such as refugee camps.

44. UNICEF, the International Disability Alliance and Handicap International were co-chairing the Inter-Agency Standing Committee (IASC) Task Team, which was developing global guidelines on inclusion of persons with disabilities in humanitarian action. With a view to ensuring a participatory process of guidance development, a multi-stakeholder workshop had been held in Geneva and the first regional consultation had been held in Fiji in January 2018. The next regional consultation would be held in Beirut in March 2018.

45. **Ms. Löw** (United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)) said that UN-Women had been undertaking a large number of initiatives aimed at increasing the visibility of women and girls with disabilities. It had co-sponsored or participated in more than 10 side events during the tenth session of the Conference of States Parties. On the occasion of the 2017 High-Level Political Forum on Sustainable Development, it had produced a document on making the Sustainable Development Goals count for women and girls with disabilities. Its global monitoring report on gender equality in the 2030 Agenda for Sustainable Development, which would be launched that day in New York, contained information and evidence on women and girls with disabilities.

46. With a view to supporting joint action in 2017 for the third round of funding of the United Nations Partnership to Promote the Rights of Persons with Disabilities, UN-Women had participated in 11 joint United Nations expressions of interest; 8 of the interested entities had been invited to submit full-fledged project proposals and 6 had been selected for funding. The United Nations Trust Fund to End Violence against Women, which was managed by UN-Women, had included a special window in its 2017 funding cycle on addressing violence against women and girls with disabilities. UN-Women participated in the IASC Task Team on inclusion of persons with disabilities in humanitarian actions.

47. UN-Women's website included stories, information tools and resources on women and girls with disabilities.

48. The conclusions on women's economic empowerment in the changing world of work adopted during the sixty-first session of the Commission on the Status of Women in 2017 called for the promotion of and respect for the right of women and girls, especially women and girls with disabilities, to education at all levels throughout their lives. It further called for the promotion of gender equality and empowerment of women and girls with disabilities; their inclusion in society; access to decent work, on an equal basis with others, and to safe, secure and healthy working conditions in the public and private sectors; and

elimination of discrimination in recruitment, retention and promotion in consultation with relevant national mechanisms and organizations of persons with disabilities.

49. UN-Women was pleased that General Assembly resolution 72/162 on the implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto had been adopted in December 2017. The resolution recognized that women and girls with disabilities faced multiple and intersecting forms of discrimination and highlighted a number of issues of critical importance for realizing their rights on an equal basis with others.

50. UN-Women's Strategic Plan 2018–2021 provided a strong basis for assisting women with disabilities in reaching decision-making positions and for strengthening its relationship with organizations of women with disabilities. UN-Women had developed a Strategy for the Empowerment of Women and Girls with Disabilities: Towards Full and Effective Participation and Gender Equality. As part of its consultation process on the Strategy, it had invited selected partners to provide feedback in December 2017 and had received 20 responses from Member States, United Nations entities, individual experts, and civil society organizations, including organizations of persons with disabilities.

51. UN-Women was chairing the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities in 2018. During its annual meeting in March 2018, UN-Women would hold a side event featuring women activists with disabilities.

52. **Ms. Funk** (World Health Organization (WHO)) said that the basic aim of the WHO QualityRights initiative was to improve the quality of mental health care and related services, and to address extensive human rights violations, such as violence, abuse and neglect, committed against persons with psychosocial, cognitive and intellectual disabilities. Such persons were also subjected to discrimination in education, employment, housing and social services, and guardianship laws in many countries severely restricted their decision-making ability.

53. The QualityRights initiative sought to build the capacity of stakeholders to adopt a rights-based approach, to create community-based services that promoted human rights, to support the development of a civil society movement capable of influencing policymaking, and to reform national policies and laws in line with the Convention and other international human rights standards.

54. The initiative's training tools were designed to build capacity to understand the rights of persons with psychosocial, cognitive and intellectual disabilities and to develop the skills to put them into practice. They had been developed in collaboration with more than a hundred national and international actors, including organizations of persons with disabilities, and had already played a significant role in improving attitudes, practices and services. There were training modules, for instance, on protection of the right to legal capacity in mental health and related services, and on the creation of mental health and related services free from coercion, violence and abuse. More advanced modules focused on supported decision-making and advanced planning, promoting recovery in mental health and related services, and implementing strategies to end the use of seclusion and restraints and other coercive practices.

55. A pilot e-training programme had been launched with the aim of reaching thousands of people in different countries. A recent assessment of the programme had shown that it had produced a highly significant impact on people's attitudes, highlighting the need to end coercive treatment in mental health services, the right to self-determination and legal capacity, and the need to end the use of seclusion and restraint.

56. WHO was also developing a best practice guide for policymakers, health practitioners and NGOs on human rights-oriented and community-based mental health services that operated without coercion and that supported recovery, autonomy and inclusion.

57. A new dedicated module on improving and transforming services could be used to assess the quality of services and to identify human rights gaps, as well as to promote dramatic changes in the service culture, to define a shared vision and to identify specific priorities. Other modules focused on setting up and operating a civil society organization,

and on developing effective advocacy campaigns to integrate human rights into mental health.

58. A large-scale QualityRights research project on mental health services had recently been undertaken in Gujarat. It had included assessments, implementation of service change plans, extensive training on human rights and recovery, and promotion of peer support workers and groups. Impressive results had been achieved in just one year, for instance significant improvements in the physical and social environment of the mental health services, and important shifts towards a more comprehensive and holistic approach emphasizing recovery, informed consent, respect for autonomy, supported decision-making, reductions in violence, coercion, abuse and stigma and greater empowerment of people using the services.

59. **Ms. Widmer-Iliescu** (International Telecommunication Union (ITU)) said that ITU attached importance to ensuring equitable access to information and communication technology, in line with articles 9 and 30 of the Convention.

60. According to the 2017 United Nations report on World Population Ageing, the number of people aged 60 years and above who faced age-related disabilities was expected to reach about 2.1 billion by 2050. Moreover, according to the ITU and WHO joint initiative "Make Listening Safe", more than one billion young people were in danger of hearing loss due to unsafe listening habits. Information and communication technology must therefore be made accessible to all persons, regardless of their capabilities. The ITU Digital Inclusion Division was tasked with promoting such accessibility, which had been recognized as a global priority by the World Telecommunication Development Conference held in Buenos Aires in October 2017. The ITU "Model ICT accessibility policy report", which had been published in 2014 and could be consulted on the ITU website, provided concrete guidelines for country policies on the subject.

61. ITU had developed a number of training courses, resources and tools, including a video tutorial on accessible digital content, e-learning courses in information and communication technology (ICT), a six-week long online course in public procurement and a national training programme in web accessibility. The latter had already been implemented in Costa Rica, where it had helped to make public service websites accessible to all, including persons with disabilities. ITU had also recently organized a number of forums and training events worldwide, including two accessibility forums in Africa; a training course on the development of digital content during the ITU and United Nations Educational, Scientific and Cultural Organization Regional ICT Accessibility Week in the Arab region; two training courses on the role of ICT in the development of societies inclusive of persons with disabilities in Europe; and an Accessible Americas event in Costa Rica on ICT accessibility, which had addressed the specific accessibility needs of women and girls, children and young people, older persons, and indigenous communities. ITU expected to cooperate with the European Union in organizing its first ever Europe-wide accessibility event in December 2018. The event would be presented at the Zero Project Conference to be held in Vienna from 21 to 23 February; interested parties were invited to suggest themes they wished to see covered.

62. Tackling age-related disabilities would soon become a global priority and information and communication technology had a role to play in ensuring the full participation of older persons in active life and society. ITU would therefore continue its capacity-building work in that regard.

63. **Ms. Sotomayor** (Office of the United Nations High Commissioner for Human Rights (OHCHR)), reading out a statement on behalf of the Special Rapporteur on adequate housing, said that some of the most shocking cases of poor living conditions, lack of sanitation or water, and isolation or neglect were faced by persons with disabilities of all ages. In her latest report (A/72/128), the Special Rapporteur had stated that the human rights of persons with disabilities should be considered in conjunction with the standards and principles relating to the right to housing established in the International Covenant on Economic, Social and Cultural Rights, particularly articles 2 (2) and 11 (1). For persons with disabilities, access to adequate housing and to a range of support services combined elements of civil and political rights with economic, social and cultural rights. The right to

non-discrimination and equality, as established in the Convention, involved providing reasonable accommodation for persons with disabilities, which required physical modifications to infrastructure as well as the adaptation of laws and policies to their specific circumstances. Governments were required to take positive action to eliminate homelessness; ensure adequate social protection and an adequate supply of affordable, accessible housing; and address the scarcity of land earmarked for housing for persons with disabilities.

64. Accessibility entailed not only the improvement of physical access, via ramps and doors, for instance, but also removing barriers to places of work, services and public spaces. States must ensure that all aspects of the housing environment, including support services, were accessible to all; that persons with disabilities were consulted and actively involved in the implementation of legislation, policy and other measures through their representative organizations; that persons with disabilities had access to justice; and that effective complaints and accountability mechanisms were set up to deal with claims related to the right to adequate housing of persons with disabilities.

65. The key components of the right to adequate housing, such as security of tenure, affordability, availability of services, habitability, location and cultural adequacy were critical in understanding and implementing the right to housing for persons with disabilities. Persons with disabilities must be empowered to challenge failures to address individual circumstances, but also to challenge housing, planning and zoning decisions and social protection and justice systems that failed to address their circumstances and denied them access to adequate housing.

66. States' commitments to the New Urban Agenda and the 2030 Agenda for Sustainable Development required that all levels of government, the international community, the private sector and the human rights community should do more to ensure the realization of the right to adequate housing of persons with disabilities. In that connection, States should recognize their obligation to realize the right to adequate housing of persons with disabilities in domestic law and earmark resources to that end; ensure that all persons with disabilities were able to live free from institutionalization and that access to adequate housing and associated services and support were provided in the community; address homelessness among persons with disabilities on an urgent basis; and prioritize measures to address the circumstances of those living in informal settlements.

67. **Ms. de la Sierra** (Office of the United Nations High Commissioner for Human Rights (OHCHR)), presenting a report (A/HRC/35/21) by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, said that the report critiqued the current state of mental health services in three areas: first, the dominance of the biomedical model, which led to the overuse of medication and the neglect of psychosocial and community-based intervention; secondly, power asymmetries, which meant that most policy decisions regarding mental health were made by biomedical gatekeepers, particularly psychiatrists backed by the pharmaceutical industry; and thirdly, the biased use of evidence in relation to mental health issues, which meant that evidence suggesting that the use of psychotropic medicines did not improve mental health, and so was not conducive to the realization of the right to health, was widely ignored.

68. The right to mental health would have to be realized progressively, but States did have some immediate obligations, such as the development of national strategies. The Special Rapporteur proposed a framework for such strategies based on availability, accessibility, acceptability and quality. Acceptability, for example, meant that in order to be compliant with human rights, mental health services should take into account cultural and life-cycle requirements and follow medical ethics; such services should be acceptable to all, including vulnerable persons such as adolescents, women, older persons, indigenous communities, minorities, migrants, and lesbian, gay, bisexual, transgender and intersex persons.

69. Given the importance of informed consent to the realization of the right to mental health, coercive treatment should be abolished. To work towards that goal, States should reform their mental health policy by mainstreaming and developing a set of alternatives to coercive treatment; establish a road map on reducing the prevalence of coercive practices

with a view to their elimination, in cooperation with all affected by or involved in such practices; exchange best practices at the national and international levels; scale up their collection of quantitative and qualitative data; and, finally, stop investing resources in large psychiatric institutions, and instead start investing in community- and recovery-based models of mental health treatment.

70. It was important to move towards the fulfilment of the right to mental health for all. In that regard, everyone should have access to healthy environments from birth. That would mean focusing on the underlying determinants of mental health by creating non-violent environments in schools, the family setting and the workplace. Furthermore, marginal and small-scale practices focusing on community services should be brought into the national health system.

71. During a recent visit to Croatia, the Special Rapporteur had found that both social services and the Ministry of Health were resorting to institutionalization as a means of treatment across age groups, which had led him to call for increased coordination in terms of the implementation of the standards of the Convention among ministries, in which health ministries would play a key role.

The meeting was suspended at 5 p.m. and resumed at 5.05 p.m.

72. **Mr. Cuk** (International Disability Alliance (IDA)) said that his organization was concerned about reduced funding for the activities of the Committee, especially given the backlog of reports. He welcomed the Committee's work on the preparation of general comment No. 6 and hoped that it would be adopted at the current session. The decision to begin work on a new general comment on articles 4 (3) and 33 (3) of the Convention was also welcome, as the participation of persons with disabilities through their representative organizations in decision-making processes was a core value of the IDA.

73. IDA would be engaging in a discussion with the Global Alliance of National Human Rights Institutions that week, during which it would urge attendees to adopt the Committee's standards. He hoped that the discussion would be guided by the Committee's general comment No. 5 and focus on the establishment of standards and guidelines regarding monitoring activities, deinstitutionalization policies and multi-stakeholder cooperation. He called on those States parties that had not established an independent monitoring framework in accordance with article 33 (2) to do so as soon as possible and to consider setting up a mechanism for consultation with organizations of persons with disabilities.

74. He urged the Committee to recommend that States parties that were also member States of the Council of Europe should withdraw their support for the draft Additional Protocol to the Convention on Human Rights and Biomedicine (the Oviedo Convention), which would allow for the forced institutionalization and treatment of persons with psychosocial disabilities. He further urged the Committee to recommend that States parties should use the Washington Group Short Set of Questions on Disability to collect disaggregated data on persons with disabilities.

75. In its concluding observations on the sixth periodic report of Bulgaria (CAT/C/BGR/CO/6), the Committee against Torture had made reference to an obsolete United Nations document on the protection of persons with mental illness. The treaty body system should harmonize its observance of the Convention and avoid using outdated concepts that could undermine the rights of persons with disabilities.

76. He endorsed the Committee's statement on achieving gender balance and equitable geographical representation in its elections, adopted at its seventeenth session, and expressed the hope that women with disabilities would soon be better represented across other treaty bodies, such as the Committee on the Elimination of Discrimination against Women.

77. **Ms. Orefellen** (European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP)) said that ENUSP was deeply concerned that the forced institutionalization and treatment of persons with psychosocial disabilities was currently authorized in the laws of all European countries and under certain binding Council of Europe instruments, such as the Convention for the Protection of Human Rights and Fundamental Freedoms (European

Convention on Human Rights) and the Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine (Oviedo Convention).

78. The decision of the Committee of Ministers of the Council of Europe to instruct the Committee on Bioethics to continue its work on the draft Additional Protocol to the Oviedo Convention represented a further threat to the fundamental rights and freedoms of persons with psychosocial disabilities in Europe. The draft was based on a medical model of disability and authorized the detention of persons with mental illnesses and non-consensual psychiatric treatment, which threatened to confer legitimacy on the perpetration of grave human rights violations, discrimination and ill-treatment against persons with psychosocial disabilities.

79. ENUSP called upon the Committee, other human rights bodies, Council of Europe bodies, NGOs and States parties committed to their obligations under the Convention to continue opposing the adoption of the draft Additional Protocol. ENUSP also called upon stakeholders to encourage the Council of Europe to initiate a review of outdated, discriminatory standards, such as article 7 of the Oviedo Convention and article 5 (1) (e) of the European Convention on Human Rights.

80. In that connection, inspiration could be drawn from some of the mechanisms recently adopted in other regions. The African Union, for example, had adopted a protocol to the African Charter on Human and Peoples' Rights on the rights of persons with disabilities, which established the right of such persons not to be forcibly confined and not to be subjected to forced medical interventions.

81. **Ms. Minkowitz** (Centre for the Human Rights of Users and Survivors of Psychiatry (CHRUSP)) said that, owing to discrimination and the influence exerted by States and service providers in the reporting process, organizations of users and survivors of psychiatry were rarely equal partners in the national coalitions that prepared joint reports for submission to the Committee. Indeed, users and survivors of psychiatry were marginalized in the reporting process.

82. Her organization (CHRUSP) called upon the Committee to consult national organizations of all groups of persons with disabilities individually as opposed to consulting only the national coalitions to which they contributed. In addition, CHRUSP called upon the Committee to offer guidance on the need to ensure that all disability groups had an equal opportunity to contribute to parallel reports, including an equal opportunity to obtain funding to attend meetings in Geneva, and that each group was able to play a leadership role in relation to the issues that concerned it specifically. In countries in which there were few organizations of persons with disabilities, capacity-building was needed to enable all groups to establish their own organizations.

83. She pointed out that persons with psychosocial disabilities were not taken into account in the Washington Group Short Set of Questions on Disability. For that reason, the Short Set was not an acceptable tool for monitoring the implementation of the Convention.

84. In addition, CHRUSP requested the Committee to issue the guidelines on article 14 of the Convention as an official document in all six United Nations languages. If it was not possible for the Committee to do so, the guidelines should be used as the basis for a general comment on article 14. CHRUSP called upon the Committee to identify not only forced treatment in general, but also forced psychiatric interventions in particular, including the administration of mind-altering drugs, as violations of article 15 of the Convention. A general comment on articles 14 and 15 would offer an opportunity to provide a full justification for the application of article 15 in that context.

85. Reading a statement on behalf of an activist who wished to remain anonymous, she said that the person in question, a user and survivor of psychiatry from a country in which there were few organizations of persons with disabilities, was concerned that the pressure to submit joint reports as part of a coalition of organizations, including organizations of service providers and family members, risked forcing CHRUSP to make unacceptable compromises. Indeed, it was possible that coalition partners would not understand that forced psychiatric intervention was a legitimate disability rights issue. The activist

expressed the hope that, until the solidarity among disability groups in all countries reached the high level that had been attained during the creation of the Convention, the Committee would ensure that each disability group was able to put forward its uncompromised perspective.

86. **Mr. Morgan** (Leprosy Mission International) said that persons with leprosy-related disabilities faced barriers that prevented them from enjoying a number of the fundamental rights enshrined in the Convention, including the right to equality and non-discrimination, the right to live independently and be included in the community, the right to education, the right to work and employment and the right to an adequate standard of living and social protection. The preamble to the Convention recognized the need to promote and protect the human rights of all persons with disabilities, including those who required more intensive support, and persons with leprosy clearly fell into that category.

87. For that reason, Leprosy Mission International called upon the Committee to consider requesting the 22 States parties to the Convention in which leprosy was endemic to provide, as part of their submission of reports under article 35 of the Convention, information on their efforts to implement the principles and guidelines for the elimination of discrimination against persons affected by leprosy and their family members. The implementation of those principles and guidelines, which complemented the rights enshrined in the Convention, would help to make it possible for persons with leprosy-related disabilities to live with dignity.

88. **Mr. Kofmel** (Autistic Minority International) said that, following the recent announcement that, owing to a lack of funding, the situation of autistic children deprived of their liberty would not be considered in the long-awaited global study on children deprived of their liberty, Autistic Minority International called upon the States parties to the Convention to provide the funding needed to ensure that the situation of all children with disabilities who had been deprived of their liberty, whether through institutionalization or following encounters with the criminal justice system, could be considered.

89. Autistic Minority International also called upon the Committee to use its influence to ensure that the study in question reflected the Committee's position that all forms of disability-based deprivation of liberty were unacceptable. There was a danger that, if the study did not reflect that position, but reflected instead the more prevalent position that deprivation of liberty was acceptable as a "last resort", children with disabilities would continue to be deprived of their liberty and to experience lasting trauma in the process.

90. **Ms. Paolazzi** (Child Rights Connect) said that Child Rights Connect acted as the liaison between the Committee on the Rights of the Child and children's rights defenders, including children themselves. Since the adoption of its general comment No. 12 (2009) on the right of the child to be heard, which had included detailed information on the role of child-led organizations and children's representatives in the reporting process, the Committee on the Rights of the Child had seen a marked increase in the quantity and quality of child participation in all its areas of work.

91. Child Rights Connect was highly appreciative of the importance that the Committee on the Rights of Persons with Disabilities attached to the participation of rights holders. In particular, it welcomed the decision adopted by the Committee at its previous session to work towards a general comment on articles 4 (3) and 33 (3) of the Convention and, in that connection, would consult its members and children. Child Rights Connect expressed the hope that the development of the new general comment would represent a first step towards further collaboration between its members, the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities in relation to child participation.

92. **Ms. Fuentes** (Office of the United Nations High Commissioner for Human Rights (OHCHR)), reading out a statement on behalf of the Global Initiative for Inclusive ICTs (G3ict), said that, as had been noted in the recently published OHCHR study on the right to access to justice under article 13 of the Convention (A/HRC/37/25), the use of accessible information and communication technologies (ICTs) had the potential to help to improve access to justice worldwide. In many countries, mainstream digital transformations and innovative uses of existing technologies were promoting access to justice for persons with disabilities in particular. Indeed, an increased use of such ICTs could assuage some of the

concerns that the Committee had previously expressed regarding access to justice for such persons.

93. G3ict took the position that, in order to promote access to justice for persons with disabilities, governments should recognize the role that ICTs played in supporting greater access to justice for persons with disabilities; ensure that accessibility requirements were incorporated into procurement processes; mainstream the inclusion of persons with disabilities into legal frameworks; identify and define relevant good practices; conduct the necessary capacity-building activities to ensure that ICT accessibility gaps could be identified; and support the development and deployment of inclusive ICTs. In addition, multilateral organizations, national development agencies and leading foundations should ensure that ICT accessibility and digital inclusion were considered as part of their investment decisions.

94. **Ms. Pedreros** (OHCHR), reading out a statement on behalf of the Independent Expert on the enjoyment of all human rights by older persons, said that, in view of the lack of a comprehensive framework to protect the rights of older persons, the Independent Expert had regularly drawn on the provisions of the Convention in the formulation of her assessments and recommendations. However, older persons had unique requirements, and their situation was thus distinct from that of persons with disabilities.

95. During her mandate, the Independent Expert had presented thematic annual reports on the right to autonomy and care for older persons and on the impact of assistive and robotics technology, artificial intelligence and automation on the human rights of older persons. She worked in close coordination with the Open-ended Working Group on Ageing, which had been mandated to identify gaps in the existing international framework for the protection of the human rights of older persons and to consider how best to address them. The Independent Expert participated in the annual meeting of the Open-ended Working Group in New York.

96. In September 2016, the Independent Expert had presented a comprehensive annual report in which she had concluded, inter alia, that the Madrid International Plan of Action on Ageing did not constitute a human rights instrument, as it had not been designed to address existing protection gaps comprehensively and was not sufficient to ensure the full enjoyment by older persons of their rights. She had also called upon States to consider the various proposals that had been put forward, including the proposal to develop a convention on the rights of older persons, in the light of the broad consensus regarding the need to strengthen the protection of the rights of older persons.

97. **The Chair**, welcoming the speakers' recommendations, said that the Committee attached great importance to its cooperation with United Nations bodies, specialized agencies and organizations of persons with disabilities.

The meeting rose at 6 p.m.